

P23000074022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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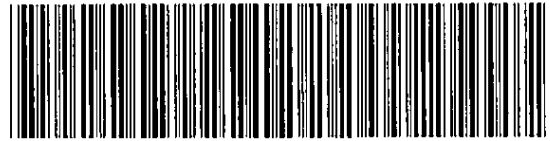
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Wellington Horse Transport Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Michael Fuller
Name (printed or typed)
16355 East Stallion Drive
Address
Laxahatchee Florida 33470
City, State & Zip
561 797 6022
Daytime Telephone Number
MSFtrucking@msn.com
E-mail address: (to be used for future annual report notification)


Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Michael Fuller, President
(Name) (Title)

of Wellington Horse Transport Inc, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Wellington Horse Transport Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is Maine July 03, 2000
3. The name of the domesticated corporation is Wellington Horse Transport Inc
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Michael Fuller President Name & Title: _____

Address: 16355 East Stillion Dr Address: _____
Loxahatchee, Florida _____
33470 _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

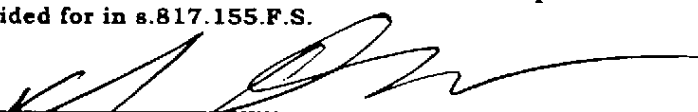
Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

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I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.



Signature (Authorized Person)

10-6-2023

Date

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Wellington Horse Transport Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address	Mailing Address
<u>16355 East Stallion Drive</u>	<u>16355 East Stallion Drive</u>
<u>Coahatchee, Florida</u>	<u>Coahatchee, Florida</u>
<u>33470</u>	<u>33470</u>

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To work in Florida For Profit

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Michael Feller
16355 East Stallion Drive
Coahatchee, Florida 33470

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FALL ...

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Michael Feller